UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

FILE NO. C2432.0057

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTERMEDIATES FOR LHRH ANTAGONIST SYNTHESIS, PROCESS FOR THEIR PRODUCTION, AND PROCESS FOR LHRH ANTAGONIST PRODUCTION

the specification of which is attached hereto, unless the following box is checked: was filed on December 23, 2002 as United States patent Application Number or PCT International patent									
application number PCT/IB02/05583 and was amended on (if any).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:									
Prior Foreign or Provisional Application(s)									
COUNTRY	APPLICATIO!	N NUMBER	DATE OF FILING (day, month, year)			PRIORITY CLAIMED UNDER 35 U.S.C. § 119			
Sweden	01044	63-5	29, December, 20		001	⊠YES □NO			
						□YES	□NO		
		•			İ		□NO		
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
UNITED STATES APPLICATION NUMBER		DATE OF FILING (day, month, year)			STATUS (patented, pending, abandoned)				
						-			
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i									
I hereby appoint customer no. 32172, DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence. SEND CORRESPONDENCE TO: DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP									
1177 Avenue of the Americas, 41st Floor New York, NY 10036-2714 DIRECT TELEPHONE CALLS TO: (212) 835-1400									
In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys/agent(s) to insert above the filing date and/or Application No. of said application.									
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
FULL NAME OF SOLE OR FIRST INVENTO JON H. RASMUSSEN	INVENTOR'S SIGNATURE			DATE					
RESIDENCE (City and either State or Foreign Country) Lyngby, Denmark					country of citizenship Denmark				
POST OFFICE ADDRESS Buddingevej 69, DK-280	00 Lyngby, De	nmark							
FULL NAME OF SECOND JOINT INVENTOR Palle H. RASMUSSEN	INVENTOR'S SIGNATURE			DATE					
RESIDENCE (City and either State or Fore Bagsværd, Denmark	countre Denn		Y OF CITIZENSHIP Nark						
post office address Aldershvilevej 121B, 1th, DK-2880 Bagsværd, Denmark									

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UNITE TATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION FILE NO. C2432.0057								
-		DATE OF FILING (day, m		PRIORITY CLAIMED				
COUNTRY	NTRY APPLICATION NUMBER		onin, year)	UNDER 35 U.S.C. 119				
			·	YES NO				
		<u> </u>		☐YES ☐NO				
				YES NO				
	-	-		YES NO				
		1		☐YES ☐NO				
				☐YES ☐NO				
<u> </u>		1		YES NO				
				YES NO				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
FULL NAME OF THIRD JOINT INVENTOR, I	INVENTOR'S SIGNATURE		DATE					
RESIDENCE (City and either State or Forei, Wittmar, Germany		country of citizenship Germany						
POST OFFICE ADDRESS Hinrich-Wilhelm-Kopf-Weg 6, 38329 Wittmar, Germany								
FULL NAME OF FOURTH JOINT INVENTOR Stefan HANSEN	INVENTOR'S SIGNATURE		DATE					
RESIDENCE (City and either State or Forei, Frederiksberg, Denmark		country of citizenship Denmark						
POST OFFICE ADDRESS Ndr. Fasanvej 194, 2.tv., DK-2000 Frederiksberg, Denmark								
FULL NAME OF FIFTH JOINT INVENTOR, IF JENS FOMSGAARD	INVENTOR'S SIGNATURE	DATE						
RESIDENCE (City and either State or Foreig	country of citizenship Denmark							
POST OFFICE ADDRESS Vinkelvej 27, DK-3520 Farum, Denmark								
FULL NAME OF SIXTH JOINT INVENTOR, IF	INVENTOR'S SIGNATURE		DATE					
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSHIP					
POST OFFICE ADDRESS								

